Name in Full Frank Lawrence Anderson

Certificate of Death

Died at Town Texas County Balto Co. MARYLAND

Date 1899 Month Dec Day 23 | Age Y. M. D. 1 | Native of Md | Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife 138 b

Father's Name Frank Everett Anderson Mother's Name Cecelia Elizabeth Armstrong

Cause of Death Primary Premature Birth (7 Mth) How long sick —

Immediate — — — ~~Accident, Suicide, Homicide~~

Reported by Dr B R Benson

Address Cockapville Balto Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Amos Armacost

Died at Town Waverly County Balto. MARYLAND

Date 1899 Month 12 Day 3 | Age Y. 80 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband ~~Wife~~ of Mary Moors 97

Father's Name

Mother's Name

Cause of Death { Primary Bright's disease | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Md. Journal 12-9

Address -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Ann Balls

Certificate of Death

Died at Town Govanstown County Balto. MARYLAND

Date 189 9 Month 13 Day 14 | Age Y. 32 M. D. | Native of | Occupation

~~Male~~ ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name Barnabas Balls

Mother's Name

Cause of Death { Primary typhoid fever | How long sick 1

Immediate | Accident, Suicide, Homicide

Reported by Md. Journal 12-16

Address

Must be signed by physician, if any in attendance, otherwisa by coroner, undartakar or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Mrs. Sarah Jane Barrett

Died at Town Harford road County Balto. MARYLAND

Date 189 9 Month 12 Day 14 | Age Y. 5 M. 7 D. | Native of England | Occupation

~~Male~~ Female | White ~~Colored~~ | Married Single ~~Widow~~ Widower ~~Divorced~~ | Number of children living 6

Husband Wife of Rev. John Barrett

Father's Name | Mother's Name

Cause of Death { Primary 161 | How long sick

{ immediate | Accident, Suicide, Homicide

Reported by Md. Journal 12-16

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full # 5848 Certificate of Death

Sophia Beikirch

Died at Town Bay View Asylum (Insane Dept.) County Baltimore County MARYLAND

Date 1899 Month Dec Day 24th | Age Y. 78 M. — D. | Native of Pennsylvania | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Senile Dementia 46 | How long sick Hen Since May 22/99

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by Harry A. Catton

Address Bay View Asylum.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Native of Pennsylvania

52 years in Baltimore

Name in Full

Certificate of Death

#5797 George Bell

Died at Town Bay View County Hospital MARYLAND

Date 1899 Month 12 Day 7 | Age Y. 25 M. D. | Native of Balto | Occupation Drayman

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name 22a

Cause of Death: Primary Phthisis Pulmonalis | How long sick Indefinite

Immediate Asthenia | Accident, Suicide, Homicide

Reported by J. W. Holland M.D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Winifred Louisa Bent

Town County

Died at Bay View Hospital MARYLAND

Date 1899 Month 12 Day 11 | Age Y. 1 M. 70 D. | Native of Ireland | Occupation Domestic

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children~~ living

Husband of Wife

Father's Name

Mother's Name 70

Cause of Death

Primary Chronic Bronchitis Emphysema

Immediate Bronchial Pneumonia Asthma

How long sick

Accident, Suicide, Homicide

Reported by J. W. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

In Balto. 18 yrs.

Name in Full | Certificate of Death

#5864 Lila Bell Bode

Died at Town Highlandtown County Balto MARYLAND

Date 1899 Month 12 Day 27 | Age Y. 2 M. 2 D. years | Native of Balto Co | Occupation none

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living 5

Husband of Wife 9

Father's Name William Bode | Mother's Name Wilhelmina Bode

Cause of Death: Primary Cold. — Le Grip 1st | How long sick 10 days Cont

Immediate Finally Pneumonia | Accident, Suicide, Homicide

Reported by E. W. Fanny M D

Address 304 Bank St Est

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65068

Name in Full: Chas. William Bond

Certificate of Death

Died at ~~Town~~ # 718 Potter Ave. ~~County~~ Baltimore MARYLAND

Date 1899 Month Dec. Day 11th | Age Y. 43 M. 1 D. 11 | Native of Chicago Ill | Occupation Traveling Salesman

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living — 3

Husband ~~Wife~~ of Mary A. Bond

Father's Name Daniel Bond | Mother's Name Jane Bond

Cause of Death: Primary Grippe | How long sick 9

Immediate Heart decease | ~~Accident, Suicide, Homicide~~

Reported by R. M. Dorsey M.D. & Wife of deceased.

Address 711-3rd Ave. Balto. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78[illegible]

Attended by Dr. R. M. Dorsey

of 711 3rd Ave. Balto Md.

Seen by Coroner

of

Information contained in this certificate received

from the above mentioned Dr and wife of deceased

of Hampden - Balto Md

Name in Full

Certificate of Death

Ivey Genette Bosley

Died at Town Rayville County Balto Co. MARYLAND

Date 1899 Month 12 Day 31 Age Y. 4. M. 8. D. 15 Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number ~~of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Alfred T. Bosley Mother's Name dont knows

Cause of Death Primary Diphtheria 80 How long sick 12 days

Immediate

Ac~~cident, Suicide~~, ~~Homicide~~

Reported by J. B. Norris Md

Address Beckleysville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Certificate of Death

Geo. Bowen

Town County

Died at Lutherville Baltimore MARYLAND

Date 189 9 Month Dec. Day 23 | Age Y. M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name 161

Cause of Death { Primary Exposure | How long sick

Immediate | Accident, Suicide, Homicide

Reported by James Reese, J.P. Coroner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79893

Name in Full

Certificate of Death

#585 John Bowley

Died at Town Bay View County Hospital MARYLAND

Date 1899 Month 12 Day 22 Age Y. 23 M. D. Native of Balto Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husbend of Wife

Father's Name Frank Bowley Mother's Name 22a

Cause of Death Primary Phthisis Pulmonalis How long sick Indefinite

Immediate Asthenia Accident, Suicide, Homicide

Reported by J. O. Holland

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Name in Full #5838 Certificate of Death

Paul Bownass

Died at Town Hillville County Balto MARYLAND

Date 1899 Month Dec Day 18 | Age Y. 40 M. D. | Native of Balto | Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband ~~Wife~~ of Paul Bownass

Father's Name Mother's Name

Cause of Death { Primary Influenza 9 | How long sick about 4 months

Immediate Phthisis | Accident, Suicide, Homicide

Reported by Edwin [illegible] M.D.

Address 617 Leeds St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5811 Certificate of Death

Isaac Brown

Died at Town Bay View County Hospital MARYLAND

Date 1899 Month 12 Day 9 | Age Y. 40 M. D. | Native of Md. | Occupation Waiter

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children~~ living

Husband of Wife

Father's Name Mother's Name 97

Cause of Death { Primary Chronic Interstitial Nephritis | How long sick

Immediate Uraemia | Accident, Suicide, Homicide

Reported by J. W. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

In Balto. 35 yrs.

Name in Full

Certificate of Death

Town — County

Died at MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 189 | Age

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full

Certificate of Death

Mrs. Maggie Elliott Burroughs

Died at Town near Croom County Prince Georges MARYLAND

Date 1899 Month 12 Day 7 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband of Wife Percival Burroughs

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

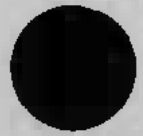
Immediate | Accident, Suicide, Homicide

Reported by ~~Wm. Fournet~~ 12-16

Address Marlboro Gazette 12-13

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998



Name in Full #5815

James A. Callow

Certificate of Death

Died at Mt Hope Retreat Town, Balto County, MARYLAND

Date 1899 Month 12 Day 16

Age Y. 31 M. – D. –

Native of Md

Occupation R. Est. Agent

Male / ~~Female~~

White / ~~Colored~~

Married / ~~Single~~ / ~~Widow~~ / Widower / ~~Divorced~~

~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name 52

Cause of Death:

Primary: Basilar Meningitis

Immediate: Cardiac Exhaustion

How long sick: 4 days here

~~Accident, Suicide, Homicide~~

Reported by Frank J. Flannery

Address Mt Hope Retreat Mt Hope, Md –

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868

Belongs to Baltimore

Name In Full #5857 Certificate of Death

George Edward Carney Sr

Died at ~~Town~~ Chestnut Ridge County Baltimore MARYLAND

Date 1899 Month Dec Day 25 | Aga Y. 71 M. — D. | Native of Ving | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband ~~Wife~~ of Elisabeth Carney

Father's Name Wm Carney Mother's Name Katherine Carney

Cause of Death Primary General Debility How long sick 2 weeks

Immediate Softening Brain ~~Accident, Suicide, Homicide~~

Reported by Dr J G Benson 43

Address Cockeysville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]8

Attended by Dr. J E Benson

of Cockeysville Md

Seen by Coroner

of

Information contained in this certificate was

solved from Dr J E Benson

of Cockeysville Md

Name in Full: Laura Cooper

Certificate of Death

Died at — Town: Bengus — County: Bath — MARYLAND

Date 1899 — Month: Dec — Day: 5 — Age: Y. 36 M. — D. — Native of: Md — Occupation: Housework

~~Male~~ Female — ~~White~~ Colored — Married ~~Single~~ — ~~Widow~~ Wi~~dower~~ — ~~Divorced~~ Number of children living: 4

Husband of Wife: Chas E Cooper

Father's Name: Henry Cooper — Mother's Name: ——

Cause of Death — Primary: Bright Drouse 97 — How long sick: 6 mos

Immediate

~~Accident~~, Su~~cide~~, Ho~~micide~~

Reported by: John Hanson MD

Address: Middle River Me

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full #5804 Fannie Carol

Certificate of Death

Died at Bay View Hospital, Town, County, MARYLAND

Date 189 9 Month 12 Day 7 | Age Y. 31 M. D. | Native of Georgia | Occupation Domestic

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name

Mother's Name 72

Cause of Death: Primary Lobar Pneumonia

Immediate Cardiac Asthenia

How long sick

Accident, Suicide, Homicide

Reported by Jno. Holland M.D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

In Balto. 7 yrs.

Name in Full

John H. Crockett

Certificate of Death

Town

County

Died at Woodberry Balto MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 189 9 12 21 | Age

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Hugh H. Crockett

Mother's Name

Cause of Death { Primary Pneumonia 72 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Union 12-30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Mrs. Caroline E. Davis

Died at Town Baldwin County Balto. MARYLAND

Date 1899 Month 12 Day 25 | Age Y. M. D. | Nativa of | Occupation

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow Widower | Divorcad Numbar of children living

Husband Wife of Nelson H. Davis

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicida

Reported by Cecil Co. News 12-27

Address

Must ba signed by physician, if any in attendance, otherwise by coroner, undartaker or minister.

LIBRARY BUREAU, 79898

Name in Full

L. H. Dawson

Certificate of Death

Died at Town: Glyndon County: Balto. MARYLAND

Date 189 Month: 12 Day: 25 | Age Y.: 76 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3-

Husband of Wife: Elmira Sparks

Father's Name: Vincent Dawson | Mother's Name

Cause of Death: Primary: apoplexy 42 | Immediate: | How long sick

Accident, Suicide, Homicide

Reported by: Balto. Cr. Democrat 12-30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70893

Drs. R. J. Henry & R. H. Thompson.

Name in Full

X 5849 Jane Dean

Certificate of Death

Died at Town: Canton County: Baltimore MARYLAND

Date 1899 Month: 12 Day: 25 | Age Y.: 65 M.: — D.: — | Native of: Md. | Occupation: None

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ | Number of children living: four

~~Husband~~ Wife of Mable Dean

Father's Name

Mother's Name 97

Cause of Death: Primary: Chronic Nephritis

Immediate: Exhaustion

How long sick: about 3 days

~~Accident, Suicide, Homicide~~

Reported by Dr V Athey

Address * 2. Hudson at East.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full John Dolan

Certificate of Death

Died at Town Alms House County Balto. Co MARYLAND

Date 1899 Month 12 Day 14 | Age Y. 45 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Unknown Immediate

How long sick

Accident, Suicide, Homicide

Reported by T. C. Bussey

Address Texas. Mo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698

Name in Full #5826 Mary Drought

Certificate of Death

Died at Town Bay View County Hospital MARYLAND

Date 189 Month 9 Day 12 17 | Age Y. 76 M. D. | Native of Ireland | Occupation Domestic

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name 97

Cause of Death: Primary — Chronic Interstitial Nephritis — How long sick —

Immediate — Uraemia Pul. Oedema — Accident, Suicide, Homicide

Reported by Dr Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

In Balto. 50 yrs.?

Name in Full #5843 Certificate of Death

Katie Duffy

Died at Town Mt Hope Retreat County Balto Co MARYLAND

Date 1899 Month 12 Day 21 | Age Y. 49 M. – D. – | Native of Md | Occupation ~~Single~~ Housework

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Mother's Name

Cause of Death { Primary Epilepsy – 47 | How long sick 19 yrs here –

Immediate Status Epilepticus – | Accident, Suicide, Homicide

Reported by Frank J. Flannery

Address Mt Hope Retreat – Mt Hope Md –

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Belongs to Baltimore.

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189		Age		3		

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 6

Husband of ~~Wife~~ Maria M. Eckenrode 25 b

Father's Name John Eckenrode

Mother's Name Elizabeth Hemler

Cause of Death: Primary —

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full Harry Fiddler

Certificate of Death

Died at Town Sherwood County Bullo MARYLAND

Date 189 9 Month 12 Day 13 | Age Y. 40. M. D. | Native of md | Occupation Labour

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 6

Husband ~~Wife~~ of Fannie Fiddler

Father's Name _____ Mother's Name _____

Cause of Death { Primary Accident 15-20 | Immediate Falling mill } How long sick

Accident, ~~Suicide, Homicide~~

Reported by N. Burbee Stinson M D.

Address Rider, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5852

Certificate of Death

George Gaines

Died at Town Bay View County Hospital MARYLAND

Date 1899 Month 12 Day 19 | Age Y. 38 M. D. | Native of Md. | Occupation Laborer

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 22a

Cause of Death: Primary Phthisis Pulmonalis | How long sick Indefinite

Immediate Asthenia | Accident, Suicide, Homicide

Reported by J. W. Holland

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

In Balto. 11 yrs.

Name In Full: Sarah J Gosnell

Certificate of Death

Died at: Town: Tyler P.O. County: Balto MARYLAND

Date 1899 Month: Dec Day: 22 Age Y.: 63 M.: 6 D.: Native of: Maryland Occupation: house wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8

~~Husband~~ ~~Wife~~ of George Gosnell

Father's Name: Hezicar Simmons Mother's Name: Catherine Simons

Cause of Death: Primary: Cardiac insufficiency How long sick: one year

Immediate: Dropsy 57 Accident, Suicide, Homicide

Reported by: James Gorr M.D.

Address: Reisterstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate re-

ceived from _____

of _____

Name In Full | Certificate of Death

Pearl Everton Godfrey

Died at 18 Hill St. Baltimore (Town / County) MARYLAND

Date 189 Dec. 2nd (Month / Day) | Age Y. 6 M. 3 D. 10 | Native of Maryland | Occupation none

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband / Wife of

Father's Name Lewis L. Godfrey | Mother's Name Mary A. Jane Godfrey

Cause of Death: Primary Membranous Croup | How long sick

Immediate Strangulation 8b | Accident, Suicide, Homicide

Reported by Dr. C. D. Dickenhoven

Address Oppeis N. W. Cor. Roland & 3rd Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79888

Attended by Dr. C. D. Dickenhoover

of Balto Md

Seen by Coroner

of

Information contained in this certificate received

from the above mentioned Dr &

of parent of deceased

Name in Full: Philip Gove

Certificate of Death

Died at: Town: Reisterstown County: Baltimore MARYLAND

Date 1899 Month: 12 Day: 24 | Age Y.: 73 M.: 5 D.: 16 | Native of: Maryland | Occupation: Carpenter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living: 2

Husband ~~Wife~~ of: Rachel Susanah Gove

Father's Name: Mother's Name:

Cause of Death: Primary: General Breakdown 153 | How long sick: 13 weeks

Immediate: (Uraemia) | Accident, Suicide, Homicide

Reported by: H. M. Slade

Address: Reisterstown Balto. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full #5837 Sarah Dunnington Gould

Certificate of Death

Died at Town: Rockdale County: Balto. Co. MARYLAND

Date 1899 Month: Dec. Day: 20 | Age Y. 73 M. D. yrs | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow ~~Widower~~ | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name 96

Cause of Death: Primary Acute Nephritis | How long sick 4 days

Immediate | ~~Accident, Suicide, Homicide~~

Reported by D J Radcliffe

Address North Walbrook

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Baltimore Md

LIBRARY BUREAU. 79898

Attended by Dr. J. R. Richards

of North Walbrook

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Wm J. Granel

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Highland Town		County: Balt		
Date of death 1899	Month: Dec	Day: 23	Age: ~~Years~~ 8	Months: 10	Days: 23
Sex: male	Color or Race: white		Birthplace: same		
Occupation: none		Where Residing if not at place of death: "			
~~Married~~, Single or ~~Widowed~~	Name of Wife or Husband: none				
Father's Name: Wm Granel			Father's Birthplace: Maryland		
Mother's Maiden Name: Annie Lassohn			Mother's Birthplace: "		
Name of person giving Information: Fred Lassohn			How related to deceased: brother		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid		How long: 3 weeks	
Immediate: Exhaustion		How long: —	
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician: Wm J. Corse		
	Address: C Ashley		
Accident or Suicide?			

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

#5814 Ernest Grollert

Died at Town Bay View County Hospital MARYLAND

Date 1899 Month 12 Day 14 | Age Y. 61 M. D. | Native of Germany | Occupation Tailor

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 71

Cause of Death: Primary Broncho Pneumonia | How long sick 7 days

Immediate Pulmonary Oedema | Accident, Suicide, Homicide

Reported by J. W. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

In Balto. 10 yrs.

Name in Full — Child not Named — Certificate of Death

Died at — Town: Catonsville — County: Balto. — MARYLAND

Date 189 — Month: Dec — Day: 4 — Age: Y. — M. 0 — D. — Native of: Md — Occupation: —

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name: Charles Grass — Mother's Name: Florence Bastian

Cause of Death — Primary: Ante-partum hemorrhage — How long sick: —

Immediate: Still born — Accident, Suicide, Homicide

Reported by: David M Stultz M.D.

Address: Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full admitted July 22 - 1894 to Home Certificate of Death

#5867 August Hahn

Died at Bay View Asylum Town County Balto MARYLAND

Date 189 4 Month Dec Day 28 | Age Y. 63 M. yrs D. | Native of Ger | Occupation Lab.

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of~~ children living

Husband ~~Wife~~ of Johanna Hahn 733 Luzerne St

Father's Name Mother's Name

Cause of Death { Primary Hemiplegia Right - 42 | How long sick few hours

Immediate Cerebral Hemorrhage 2nd attack | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by D. Holland

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

In. Balto. 12 yrs.

Name in Full | Certificate of Death

Linion Mary Hammond

Died at Town: Towson | County: Balto | MARYLAND

Date 1899 | Month: 12 | Day: 10 | Age Y.: — M.: 4 D.: — | Native of: County | Occupation: Infant

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife: Mister

Father's Name: None | Mother's Name: Sophie Hill

Cause of Death: Primary | How long sick

Immediate: Convulsions 49 | Accident, Suicide, Homicide

Reported by: Benj Hicks Undertaker

Address: No doctor Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

James Hase

Town | County

Died at Mt. Washington Balto | MARYLAND

Date 1899 | Month Dec. Day 31 | Age Y. 72 M. D. | Native of Ireland | Occupation Laborer

Male | White | ~~Married~~ | ~~Widow~~ | Divorced

~~Female~~ | ~~Colored~~ | ~~Single~~ | Widower | Number of children living 3

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary Heart. Disease 57 | How long sick

Immediate Angina Pectoris | Accident, Suicide, Homicide

Reported by Dr. J. S Brown 3-14-1900

Address Mt. Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Adam Heinrich (Insane)

Town

County

Died at Balto Co. Almshouse

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Dec	1st	dont Know			dont Know	None

Date 1899

Age

Male ~~Female~~

~~White~~ Colored

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary — Epilepsy — 47.

Immediate — Epileptic Convulsions

How long sick — dont Know

~~Accident, Suicide, Homicide~~

Reported by Dr. Thos. C. Bussey

Address Texas Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 79706

Name in Full John Hoots

Certificate of Death

Died at Town Highlandtown County Baltimore MARYLAND

Date 189 9 Month 12 Day 28 | Age Y. 5 M. D. minutes | Native of Md | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name John G. Hoots Mother's Name Antonia Hoots

Cause of Death: Primary Convulsions 49 | How long sick 5 minutes

Immediate | Accident, Suicide, Homicide

Reported by Germans Trance Undertakers

Address 1901 [redacted] Bank St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Willie Hoff

Died at Town: Owings Mills County: Balto MARYLAND

Date 189 9 Month: Dec Day: 4 Age Y. 6 M. D. Native of: Maryland Occupation: —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife 226

Father's Name: John Hoff Mother's Name: Mary Hoff

Cause of Death: Primary: Tuberculous meningitis How long sick

Immediate: exhaustion Accident, Suicide, Homicide

OVER

Reported by: Jgeuns Gorr M.D.

OVER

Address: Reisterstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79848

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name In Full

Certificate of Death

Annie May Hofmeister

Died at Town: Carrolls Cares County: Balto MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
	Dec	30	30			Maryland	Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living

~~Husband~~ of Wife George Hofmeister

Father's Name Thos Vance Mother's Name Emma Vance

Cause of Death — Primary: 161 — How long sick

Immediate: No Dr in Attendance — Accident, Suicide, Homicide

OVER

Reported by

Address

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate re-

ceived from_____

of_____

Name in Full

Certificate of Death

Edgar M. Homan

Died at (Town) Habbville (County) Baltimore MARYLAND

Date 189 9 Month Dec. Day 23d

Age Y. 10 M. 5 D. 2

Native of Maryland

Occupation ———

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~

Number of children living ———

Husband of ~~Wife~~ ———

Father's Name William Homan

Mother's Name Maggie Homan

Cause of Death: Primary Diptheria & a

Immediate Paralysis of Heart.

How long sick ~~Three~~ days

Accident, Suicide, Homicide

Reported by A. C. Smith M. D.

Address Habbville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Hoskins, Hiram C. Hoskins

Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 189 9 Month Dec Day 2 Age Y. 57 M. D. Native of Md Occupation Clerk

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband ~~Wife~~ of Laura Virginia T. Hoskins

Father's Name Mother's Name

Cause of Death Primary Melancholia 46 How long sick 3 mos

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by J. W. Wade

Address Md Hosp Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Belingo to B alto

Name in Full

Certificate of Death

Mary L. House

Died at Town: Roland Park County: Balto MARYLAND

Date 1899 Month: 12 Day: 2 | Age Y.: 45 M.: - D.: - | Native of: Penn | Occupation: Housekeeper

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living: one

~~Husband~~ Wife of (Cannot obtain name of husband)

Father's Name: Don't Know | Mother's Name: Don't Know

Cause of Death: Primary: Pneumonia 72 | How long sick: 2 days

Immediate: Pernicious Anaemia Exhaustion

~~Accident, Suicide, Homicide~~

Reported by L. Gibbons Finch M.D.

Address Roland Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full #5820 Certificate of Death

John Hughes

Died at Town Mt Hope Retreat County Balto MARYLAND

Date 1899 Month 12 Day 15th Age Y. 62 M. – D. – Native of Penna Occupation Shipping Master

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Melancholia – 46 How long sick 3 days here –

Immediate Ex from Septicaemia – Accident, Suicide, Homicide

Reported by Frank J. Flannery MD

Address Mt Hope Retreat Mt Hope Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Philip Inglart
244 S. Wolfe St

LIBRARY BUREAU, 79998

Belongs to Baltimore

Name in Full

Certificate of Death

Daniel Earl Hurline

Town: Sweet Air County: Baltimore MARYLAND

Died at

Date 1899 Month: Dec. Day: 26 Age: — M. 15 D. 12 Native of: Md. Occupation: —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name: Jacob Daniel Hurline

Mother's Name: Louisa Hurline

Cause of Death — Primary: Teething & Gastro Enteritis 82

How long sick: 3 days

Immediate: ~~How long sick~~

Reported by: Thos. H. Emory Og. D.

Address: Taylor, Harford Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 7870R

Name in Full John Jackson

Certificate of Death

Died at Town Golden Ring County B. alt. MARYLAND

Date 189 9 Month 12 Day | Age Y. M. D. | Native of | Occupation

Male / ~~Female~~ | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary heart disease 57 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Democrat 12-30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5832 Certificate of Death

Richard Jackson

Died at Town Bay View Asylum (Insane Dept.) County Baltimore County MARYLAND

Date 1899 Month Dec Day 18th | Age Y. 77 M. D. | Native of Maryland | Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband ~~Wife~~ of Isabella Jackson 1229 Division St. Balt.

Father's Name

Mother's Name

Cause of Death: Primary Senile Dementia 46 | How long sick Here since Feby 27th 99.

Immediate Exhaustion. | Accident, Suicide, Homicide

Reported by R. H. Urquhart

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Native of Maryland

in Balto 15 years

Name in Full

Certificate of Death

5799 Eliza Jones

Died at Town Bay View County Hospital Balto. MARYLAND

Date 1899 Month 12 Day 9 | Age Y. 69 M. D. | Native of Ind. | Occupation Cook

~~White~~ Female ~~White~~ Colored ~~Single~~ Married Widow ~~Widower~~ Divorced ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name 97

Cause of Death: Primary — Chronic Interstitial Nephritis — How long sick 7 mon

Immediate — Cerebral Apoplexy — Accident, Suicide, Homicide

Reported by Dr. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5871 Certificate of Death

[redacted] Annie Barbara Junker,

Dled at Town Lauraville County Balto. MARYLAND

Date 1899 Month Dec. Day 31 Age Y. 80 M. 3 D. 15 Native of Germany Occupation Domestic

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ of Wife Philip Junker

Father's Name John Dengler Mother's Name Barbara Seeberger

Cause of Death Primary Mitral Obstruction How long sick 2 yrs. Suddenly

Immediate Failure 57 ~~Accident Suicide Homicide~~

Reported by Dr. A. X. Whiteford per L. I. Whiteford Mrs.

Address Parkville Balto, Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70898

Name in Full: Patrick Keating

Certificate of Death

Died at: Town: Ashland County: Balto MARYLAND

Date 1899 Month: Dec. Day: 21 Age: Y. 40 M. D. Native of: Md. Occupation: Foreman

Male / Female White / Colored Married / Single Widow / Widower ~~Divorced~~

Number of children living: 4

Husband / Wife of: Mary Keating

Father's Name: Jno. Keating Mother's Name: Mary Keating

Cause of Death: Primary: Fractured Skull How long sick: 9 days.

Immediate: 152a Accident, ~~Suicide, Homicide~~

Reported by: B. F. Burey

Address: Texas Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full — Kelly — Certificate of Death

Died at Town: Texas County: Balto. — MARYLAND

Date 189 Month: Dec Day: 18 | Age Y.: 2 M. D. | Native of: Md. | Occupation: —

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband / Wife of: Infant

Father's Name: Thos Kelly — Mother's Name: Ann Keely

Cause of Death — Primary: Inanition — How long sick: 138

Immediate — Accident, Sulcide, Homicide

Reported by: C. T. Bussey

Address:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full 5641
Honora Kenney

Certificate of Death

Died at Canton (Town) Balt (County) MARYLAND

Date 189 9 | Month 12 | Day 21 | Age Y. 6 M. 9 D. — | Native of Ireland | Occupation none

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / Single | Widow / ~~Widower~~ | ~~Divorced~~

Number of children living 2

Husband / ~~Wife~~ of Patrick Kenney

~~Father's~~ Name —

~~Mother's~~ Name —

Cause of Death: Primary — Acute Nephritis 96

Immediate — Uraemia

How long sick 2 weeks

~~Accident, Suicide, Homicide~~

Reported by D.W. Jones M.D.

Address 3118 O'Donnell St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Kilburn, Elizabeth — Certificate of Death

Died at Town Catonsville, County Balto MARYLAND

Date 189 9 Month Dec Day 31 | Age Y 82 M. D. | Native of Md | Occupation Housewife

~~Male~~ Female | White Colored | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband Wife of X

Father's Name X

Mother's Name X

Cause of Death: Primary Dementia 46 — How long sick 6 mos

Immediate Old age — ~~Accident, Suicide, Homicide~~

Reported by Mrs Mude

Address Md Hospital Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Name in Full A 5839 Certificate of Death

~~Canton~~ Anthony Joseph Kolwin

Died at Town Canton County Balto. MARYLAND

Date 1899 Month Dec. Day 20 Age Y. — M. 9. D. — Native of Balto. Occupation —

Male White ~~Married~~ Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Anthony Kolwin Mother's Name Mary Kolwin

Cause of Death Primary Dentition 72 How long sick 2 weeks

Immediate Pneumonia ~~Accident, Suicide, Homicide~~

Reported by F. W. Schuessler M.D.

Address 1013 S Canton St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full #5862

Certificate of Death

Henry Kronau

Died at Town Gauteville County Balto. Co MARYLAND

Date 1899 Month Day Dec. 27 | Age Y. M. D. 72 - - | Native of American | Occupation Book Keeper

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of Wife Mary M. Kronau.

Father's Name — Mother's Name — 97

Cause of Death { Primary Chronic Nephritis | How long sick 6 months

Immediate Asthma — Coma | ~~Accident, Suicide, Homicide~~

Reported by H. Young Westbrook

Address 237 Gorsuch Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full T. Benton Leiter

Certificate of Death

Died at Mt. Hope Retreat Town County Balto.

MARYLAND

Date 189 9 Month 12 Day 11 | Age Y. 35 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Md. Journal 12-16

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name in Full #5828 Certificate of Death

Wm L Lacken

Died at Town Pikesville County Balto MARYLAND

Date 1899 Month 12 Day 19 Age Y. 79 M. D. Native of Md Occupation Soldier

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name 46

Cause of Death Primary Senile Mania How long sick

Immediate Exhaustion Accident, Suicide, Homicide

Reported by W. P. E. Moore

Address Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full #5866 Certificate of Death

Louise Loeser

Died at Town W. Arlington County Balto Co MARYLAND

Date 1899 Month Dec Day 28 Age Y. 44 M. D. yrs Native of Germany Occupation home Wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ of Wife August J. Loeser

Father's Name L. Flohr Mother's Name E Flohr

Cause of Death Primary Suicide by hanging How long sick —

Immediate 142 c Accident, Suicide, Homicide

Reported by James H Whately Sinks of Prot

Address Arlington Baltimore Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full | Certificate of Death

August Loose

Died at Town Towson County Baltimore MARYLAND

Date 189 8 Month 12 Day 25 Age Y. 67 M. 1 D. Native of Germany Occupation Merchant Tailor

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

Husband ~~Wife~~ of Eliza Meyer

Father's Name Mother's Name G

Cause of Death Primary La Grippe How long sick 5 days.

Immediate Pulmonary Congestion Accident, Suicide, Homicide

Reported by D. R. C. Massenburg

Address Towson, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

O-70-13-16

Dec 1898

Name in Full

Certificate of Death

#5791 Wm McCarey

Died at Town Bay View County Hospital MARYLAND

Date 1899 Month 12 Day 5 | Age Y. 46 M. D. | Native of Ohio | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced Number of ~~children living~~

Husband of Wife

Father's Name

Mother's Name 226

Cause of Death: Primary Phthisis Pulmonalis | How long sick

Immediate Tuberculous Enteritis | Accident, Suicide, Homicide

Reported by J. W. Holland M.D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Mr. Brittner

Certificate of Death

Michael Mr. Brittner

Died at Town Pt. Washington County Balto MARYLAND

Date 1899 Month Dec, Day 3 Age Y. 76 M. D. Native of Germany Occupation Shoe maker

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower ~~Number of children living~~

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Apoplex yr 42 How long sick

Immediate Paralysis Accident, Suicide, Homicide

Reported by J. G. Bowen M.D.

Address Pt. Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

#5851 McLean, John W.

Died at Town Catonsville County Balto MARYLAND

Date 1899 Month Dec Day 24 | Age Y. 42 M. D. | Native of Md | Occupation Driver

~~Male~~ male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of Elizabeth Stetter, 45

Father's Name John McLean | Mother's Name Cassandra McLean

Cause of Death: Primary General Paresis. How long sick 4 hours

Immediate Cerebral Hemorrhage ~~Accident Suicide Homicide~~

Reported by Percy Wade

Address Ma Hospital Catonsville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full

Certificate of Death

Mrs. Mary D. Mansch

Died at Mount Carmel (Town) Balto. (County) MARYLAND

Date 189 9 | Month 12 | Day 28 | Age Y. 3 M. 4 D. | Native of | Occupation

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ | ~~Widower~~ | ~~Divorced~~

Number of children living 2

~~Husband~~ Wife of August Mansch

Father's Name

Mother's Name

161

~~Cause~~ Ceuse of Death | Primary | Paralysis & heart

How long sick

Immediate

Accident, Suicide, Homicide

Reported by Democrat 12-30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

#5868 Alfred D Murdock

Certificate of Death

Died at Town: Pikesville County: Baltimore MARYLAND

Date 1899 Month: 12 Day: 30 | Age Y. 67 M. D. | Native of Md | Occupation Lawyer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | Divorced ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 141

Cause of Death: Primary Senile Debility

Immediate Exhaustion

How long sick

Accident, Suicide, Homicide

Reported by W O Thom

Address Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full George M. Merryman Merryman

Certificate of Death

Died at Town Albertin County Baltimore MARYLAND

Date 1899 Month Dec Day 12 | Age Y. 36 M. 10 D. 3 | Native of Maryland | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower Divorced ~~Number of children living~~

Husband of Wife

34 34

Father's Name George H. Merryman Mother's Name Mary A. Merryman

Cause of Death: Primary Alcoholicism | How long sick 16 days

Immediate Meningitis Acute | ~~Accident, Suicide, Homicide~~

Reported by Dr J. E. Benson

Address Sickerpville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full 5810 Barbara Mestel

Certificate of Death

Died at Town Canton County Baltimore MARYLAND

Date 189 9 Month 12 Day 11

Age Y. 87 M. — D. —

Native of Germany

Occupation none

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~

Widow ~~Widower~~

~~Divorced~~

~~Number of children living~~

~~Husband~~ Wife of Anton Mestel 45

Father's Name —

Mother's Name —

Cause of Death: Primary — General Paralysis — How long sick about 4 days

Immediate —

~~Accident, Suicide, Homicide~~

Reported by Dr F. W. Schuessler

Address 1013 S. Castro St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full

Harrison Miller

Certificate of Death

Died at Town: Towson County: Baltimore MARYLAND

Date 1899 Month: Dec Day: 8 Age Y. 25 M. D. Native of: Maryland Occupation: Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife: Anna Miller

Father's Name: Wm Miller Mother's Name: Rachael Miller

Cause of Death: Primary: Albuminuria 100 How long sick: Suddenly

Immediate: Convulsions ~~Accident, Suicide, Homicide~~

Reported by: D. F. O. Garrett M. D.

Address: Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full #5812 Certificate of Death

Chas Mitchel

Died at Town Bay View County Hospital MARYLAND

Date 1899 Month 12 Day 10 | Age Y. 58 M. D. | Native of Va | Occupation Cook

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 259

Cause of Death: Primary Carcinoma of Prostate — How long sick one year

Immediate Asthenia — Accident, Suicide, Homicide

Reported by J. W. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

In. Balto. 8-yrs.

Name in Full #5860 Certificate of Death

Anna Cath Muhl

Died at Town West Port County Balto Co. MARYLAND

Date 189 9 Dec Month 26 Day | Age Y. 72 M. D. | Native of Germany | Occupation Wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband of Wife Conrad Muhl

Father's Name Mother's Name 57

Cause of Death Primary How long sick 1 yr.

Immediate Chronic Intestitial Nephritis

Accident, Suicide, Homicide

Reported by Theodore Conrad

Address [illegible]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Millia Nelson

Died at Town Alm's House County Balto. Co MARYLAND

Date 1899 Month 12 Day 5 | Age Y. 30 M. D. | Native of | Occupation

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Unknown | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Thos. C. Bussey

Address Texas Md

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79893

Name in Full | Certificate of Death

Frank Walker Newey

Died at Town Mount Hope Retreat County Balto Co MARYLAND

Date 1899 Month 12 Day 24 Age Y. 36 M. D. Native of New York Occupation none

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

46

Cause of Death: Primary 2nd Dementa — How long sick 12 years

Immediate Ex Pul Tuberculosis — Accident, Suicide, Homicide

Reported by Dr Frank J Flannery

Address Mt Hope Retreat Stewart Mowen Burial at Pikesville Md undertakers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name In Full — Certificate of Death

Albert George Nicholds. (Nicholds)

Died at — Town: St Inigoes Point. — County: Balto Co. — MARYLAND

Date 189 9 — Month: Dec. — Day: 12th — Age: Y. 44 M. - D. - — Native of: Md — Occupation: Music Teacher

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living: None

Husband of Wife: Annie E. Harte 71

Father's Name: James Nicholds — Mother's Neme: Nat Kunn

Cause of Death — Primary: Pleuro-Pneumonia — How long sick: 14 days

Immediete: Pleuro Pneumonia — ~~Accident, Suicide, Homicide~~

Reported by: Frank. C. Eldred M.D.

Address: St Inigoes Point.

Must be signed by physicien, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 7980R

Name in Full #5781 Certificate of Death

Thomas Nugent

Died at Town Bay View Asylum (Insane Dept.) County Baltimore County MARYLAND

Date 1899 Month Dec Day 21 | Age Y. 73 M. — D. — | Native of Ireland | Occupation Laborer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 141

Cause of Death: Primary Senility

Immediate Exhaustion

How long sick In B.V. 1 Year

Accident, Suicide, Homicide

Reported by R. A. Urquhart

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Native of Ireland
in Balto 46 years

Name in Full #5830 Certificate of Death

Mary Oertel

Died at Town Bay View Asylum (Insane Dept.) County Baltimore County MARYLAND

Date 1899 Month Dec Day 18th | Age Y. 75 M. D. | Native of Germany | Occupation none

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 46

Cause of Death: Primary Senile Dementia — How long sick 7 Sen 2 yrs - 5 mos

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by R. Allegheny

Address Bay View Asylum —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Native of Germany

52 Years in Balt-

Name in Full #5850

Certificate of Death

Rev. William D Parsons

Died at Town: Montdesales (Catonsville) County: Baltimore MARYLAND

Date 1899 Month	Day	Age Y.	M.	D.	Native of	Occupation
12	24	79.	5.	5	Maryland	Clergyman

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name 42

Cause of Death: Primary Hemiplegia (Left) — How long sick 12 days

Immediate Coma — Accident, Suicide, Homicide

Reported by J C Monmonier M. D.

Address Dickeysville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full #5821 William E. Pedrick

Certificate of Death

Died at Town Highlandtown County Baltimore MARYLAND

Date 189 9 Month 12 Day 17 | Age Y. 8 M. — D. — | Native of Md | Occupation None

male ~~Male~~ ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Wm E. Pedrick

Mother's Name Mary E. Pedrick

Cause of Death: Primary / Immediate Diphtheria 8a

How long sick about 2 weeks

~~Accident, Suicide, Homicide~~

Reported by W. J. Gately, M. D.

Address 11 S. Broadway

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Catherine Reardon

Died at Town Dickeyville County Baltimore MARYLAND

Date 1899 Month 12 Day 7 Age Y. 32 M. D. Native of Maryland Occupation Weaver

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Edward Reardon Mother's Name Mary Reardon

Cause of Death Primary Pulmonary Phthisis Pneumonia How long sick last illness 2 weeks

Immediate Asphyxia Accident, Suicide, Homicide

Reported by J C Monmonier M.D.

Address Dickeyville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79888

Name in Full

Certificate of Death

Town _____ County

Died at MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 189 | Age

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary / Immediate } | How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79858

Name in Full

Samuel H. Rodgers

Certificate of Death

Died at Town Govanstown County Balto. MARYLAND

Date 189 9 Month 12 Day 6 | Age Y. 9 M. 5 D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name 14

Cause of Death { Primary: Blood Poisoning | Immediate: Heart trouble } | How long sick

Accident, Suicide, Homicide

Reported by Md. Journal 12-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Elsie Ruth Ruby

Certificate of Death

Died at: Town: #245 Falls Road; County: Baltimore; MARYLAND

Date 1899: Month: Dec. Day: 29

Age: ~~Y.~~ M. 10 D. 11

Native of: Maryland

Occupation: none

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children living~~

Husband of Wife

Father's Name: G. F. Ruby

Mother's Name: A. E. Ruby

Cause of Death: Primary: Pneumonia 72 — How long sick: 1 day

Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by: Geo. H. Everhart M.D.

Address: 100 W. 25th St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr. Geo. N. Everhart

of #100 W. 25th Street, Balto Md

Seen by Coroner

of

Information contained in this certificate received

from above mentioned Dr and Parents

of said

Name in Full — Certificate of Death

Samuel Ryan

Died at — Town: Maryland — County: Geal Hosp. Balto — MARYLAND

Date 1899 — Month Day: Dec. 29 — Age Y. M. D.: 68 — Native of: — Occupation: Laborer

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living

Husband of Wife: ~~Wife of~~ Husband of Cynthia Ryan

Father's Name: Samuel Ryan — Mother's Name: Betsy Ryan

Cause of Death — Primary: Chronic Nephritis — How long sick:

Immediate: Exhaustion 97 — Accident, Suicide, Homicide:

Reported by: Duncan Mac Calman M.D

Address: Maryland Geal Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79 [illegible]

Attended by Dr. Duncan MacCalmon

of Md. Genl Hospt

Seen by Coroner ——————

of ——————

Information contained in this certificate received

from above mentioned Dr. and

of and relatives of Family

Name in Full * 5842 Certificate of Death

Bessie Clare Sappington

Died at Town Jwanstown County Baltimore Co. MARYLAND

Date 189 9 Dec 21 Month Day | Age Y. 34 M. D. | Native of Md | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of Purnell F. Sappington. M.D.

Father's Name Mother's Name 121

Cause of Death Primary Puerperal Eclampsia How long sick 4 days

Immediate Oedema of lungs ~~Accident, Suicide, Homicide~~

Reported by J. Whitridge Williams

Address 1124 Cathedral St. Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Margrett M Schwartz

Certificate of Death

Died at Town Gwin Brook County Balto MARYLAND

Date 1899 Month Dec Day 27 Age Y. 38 M. 9 D. 25 Native of Penna Occupation House wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living nine

~~Husband~~ of Wife Charles G Schwartz

Father's Name Mother's Name

Cause of Death Primary Placenta Praevia How long sick

Immediate Accident, Suicide, Homicide

123

OVER

Reported by K. M. Slade

Address Reisterstown

Must be signed by physicien, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Attended by Dr._____

of _____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full # 5779 Certificate of Death

Wm Slimmer

Died at Town Mt Winans County Balto MARYLAND

Date 1899 Month 12 Day 3 Age Y. 29 M. D. Native of Md Occupation Motorman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband Wife of Laval Isabel Slimmer

Father's Name Philip J. Slimmer Mother's Name Rachel Slimmer

Cause of Death Primary Consumption 22a How long sick 16 mo

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by T B Hall

Address Mt Winans Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706

Name in Full — Certificate of Death

Charles Wells Small

Died at — Town: Pikesville — County: Baltimore Co. — MARYLAND

Date 189 — Month: 9th Dec — Day: 1899 — Age: Y. 57 M. yrs D. — Native of: Balto Md. — Occupation: —

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced

Number of children living

Husband of Mary J. Small
Wife

Father's Name

Mother's Name

Cause of Death — Primary: 25b

Immediate: Supposed Sarcoma of liver

How long sick: 6 Months.

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, othe[illegible]y coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Geo A. Cousins

of Maryland & Huntington Aves

Seen by Coroner

of

Information contained in this certificate received

from Hy W. Jenkins & Sons

of Park & Saratoga Sts

Name In Full | Certificate of Death

John Henry Smith

Died at Town: St Denis | County: Baltimore | MARYLAND

Date 1899 Month: Dec. Day: 15 | Age Y. 66 M. 8 D. 26 | Native of: England | Occupation: Watch Smith

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband ~~Wife~~ of Mary E. Smith

Father's Name: — | Mother's Name: 101

Cause of Death: Primary Impacted urinary calculus | How long sick about 3 weeks in this attack

Immediate Pyelonephritis | ~~Accident, Suicide, Homicide~~

Reported by Wm R. Eareckson

Address Elk Ridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full Phillip F. Spealman

Certificate of Death

Died at Town Rose Fullstone County Balto MARYLAND

Date 189 9 Month 12 Day 17 Age Y. 5 M. 7 D. 13 Native of Md Occupation —

Male White ~~Married~~ Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

~~Husband of~~

Wife

Father's Name Phillip Spealman Mother's Name Helena Spealman

Cause of Death Primary Diphtheria 8a How long sick 2 weeks

Immediate Bronchitis Accident, Suicide, Homicide

Reported by Dr J E Bolte

Address Harrison Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name In Full

Certificate of Death

Samuel B. Talbert

Died at Town Highlandtown County Baltimore MARYLAND

Date 189 9 Month Dec. Day 6th | Age Y. 60 M. D. | Native of | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name 42

Cause of Death: Primary Apoplexy | Immediate Exhaustion | How long sick | Accident, Suicide, Homicide

Reported by Dr. E. W. Jenney

Address Highlandtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189		Age				

Male ~~White~~ ~~Married~~ Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name 57

Cause of Death — Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full #5813

Certificate of Death

Jerry Thomas

Died at Town Bay View County Hospital MARYLAND

Date 1899 Month 12 Day 14 | Age Y. 37 M. D. | Native of D.C. | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife Mary Thomas.

Father's Name | Mother's Name 22a

Cause of Death: Primary Phthisis Pulmonalis | How long sick Indefinite

Immediate Asthenia | ~~Accident, Suicide, Homicide~~

Reported by J. N. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

In. Balto. 16 yrs.

Name in Full

Certificate of Death

Mary Douglas Thornburn

Died at Town: Brooklandville County: Baltimore MARYLAND

Date 189 6 Month: Dec Day: 16 | Age Y. 40 M. D. | Native of Scotland | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married Single | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 2

Husband of Wife William Thornburn

Father's Name James Douglas | Mother's Name Ann Douglas

Cause of Death: Primary Phthisis 22 c. How long sick 2 yrs

Immediate Heart failure

Accident, Suicide, Homicide

Reported by N Louis Naylor

Address Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Name in Full

Certificate of Death

#5827 Annie Townshend,

Town County

Died at Westport Md. Balto Co. MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1899 12 18 Age 5 Va

~~Male~~ White White ~~Married~~ Widow Divorced

Female Fem ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Chas. S. Townshend Mother's Name Cora H. Townshend

Cause of Death Primary Broncho Pneumonia How long sick 9 days

Immediate 71 ~~Accident, Suicide, Homicide~~

Reported by C. L. Nuckols M.D.

Address 517 S. Paca St. Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. C. L. Nuekols.

of Baltimore, City

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Lola L. Upperco

Died at Woodensburg (Town) Ball (County) MARYLAND

Date 1899 Month 12 Day 7

Age Y. 17 M. 6 D. 10

Native of Md

Occupation nothing

Male / Female

White / Colored

Married / Single

Widow / Widower

Divorced

Number of children living

Husband of Wife ———

Father's Name John Upperco

Mother's Name Lillie Rothbaugh

Cause of Death: Primary 22a

Immediate Tuberculosis of Lungs

How long sick 8 mo

Accident, Suicide, Homicide

Reported by Dr. Jos. H. Wilson

Address Fordsburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Alberta Wallace

Certificate of Death

Died at Owens Mills (Town) Baltimore (County) MARYLAND

Date 189 1 Month Dec Day 9 | Age Y. 24 M. D. | Native of Balto Co. | Occupation Housework

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name John Wallace | Mother's Name Susan Wallace

Cause of Death: Primary Lobar Pneumonia 72 | How long sick About 2 weeks

Immediate Shock by the family trying to move her when [illegible] in their own responsibility | Accident, Suicide, Homicide

Reported by Morris C. Robins M.D.

Address Irvid Hill & Lafayette Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full 5838 Richard Warfield

Certificate of Death

Died at Town Bay View County Hospital MARYLAND

Date 1899 Month 12 Day 19 Age Y. 22 M. D. Native of Balto Occupation Waiter

Male ~~White~~ ~~Married~~ ~~Widow~~ Divorced

~~Female~~ Colored Single ~~Widower~~ ~~Number of children~~ living

Husband of Wife

Father's Name

Mother's Name 22a

Cause of Death: Primary Phthisis Pulmonalis

Immediate Asthenia

How long sick Indefinite

Accident, Suicide, Homicide

Reported by J. W. Holland

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Wm H. Watkins

Died at Town: Towson County: Baltimore MARYLAND

Date 1899 Month: Dec Day: 16th Age Y. 7 M. D. Native of: Maryland Occupation: None

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower ~~Number of children living~~

Husband of Wife 32

Father's Name: William Watkins Mother's Name: Mary E. Watkins

Cause of Death: Primary: Pernicious Anaemia How long sick: Three Months

Immediate: ~~Accident, Suicide, Homicide~~

Reported by: D. H. O'Garrett M.D.

Address: Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. W. G. Jarrett

of Lowan

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full

Certificate of Death

Town

County

Died at MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189		Age				

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of
Wife

139

Father's Name

Mother's Name

		How long sick
Cause of Death	Primary	
	Immediate	Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Wm. L. Stebbins

Certificate of Death

Died at Town Arlington County Balto. MARYLAND

Date 189 9 Month 12 Day 17 | Y. 66 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 9

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: La Grippe 9 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Md. Journal · 12-23

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Andrew Welch.

Certificate of Death

Died at Town Alm's House County Balto. Co MARYLAND

Date 1899 Month 12 Day 7 | Age Y. 65 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death { Primary Drowned / Immediate

How long sick

Accident, ~~Suicide, Homicide~~

Reported by J. C. Bussen

Address Texas. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Mr George. Widerman. Certificate of Death

Died at ~~Town~~ Catonsville County Balto Co MARYLAND

Date 189 9 Month 12 Day 19 Age Y. 77 M. 7 D. Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 11

Husband ~~Wife~~ of Asenath Shipley

Father's Name Mother's Name 97

Cause of Death Primary Nephritis How long sick One month

Immediate Uraemic Como ~~Accident, Suicide, Homicide~~

Reported by J. Chas. Macgill

Address " Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868

Name in Full #5825

Certificate of Death

Robert andrew williams

Died at Town St County Dennis Md Balto MARYLAND

Date 1899 Month Dec Day 16th | Age Y. M. D. 2 years | Native of St Denis | Occupation —

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 0

Husband of Wife

Father's Name John williams | Mother's Name Rachel williams

Cause of Death: Primary Dearrhea | Immediate Gt Hanson | How long sick about 10 days | ~~Accident, Suicide, Homicide~~

Reported by C. H. Fowler

Address 712 S Shore pt Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full #5824 Certificate of Death

Rachel R Williams

Died at Town St Dennis County Md Balto MARYLAND

Date 189 9 Dec 16th Month Day Age Y. M. D. 80 years Native of St Denis Occupation Domestic

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~ 0

~~Husband~~ of Wife John Williams 58

Father's Name Cha White Mother's Name Mary White

Cause of Death Primary angina Pectoris How long sick 5 weeks

Immediate Heart failure ~~Accident, Suicide, Homicide~~

Reported by C H Fowler

Address 712 S Shore St Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full Celia Young

Certificate of Death

Died at Town Deer Park County Baltimore MARYLAND

Date 1899 Month Dec. Day 8 Age Y. — M. 11 D. — Native of Md. Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Milton Young Mother's Name Mary Young

Cause of Death Primary Diphtheria 8a How long sick Three weeks

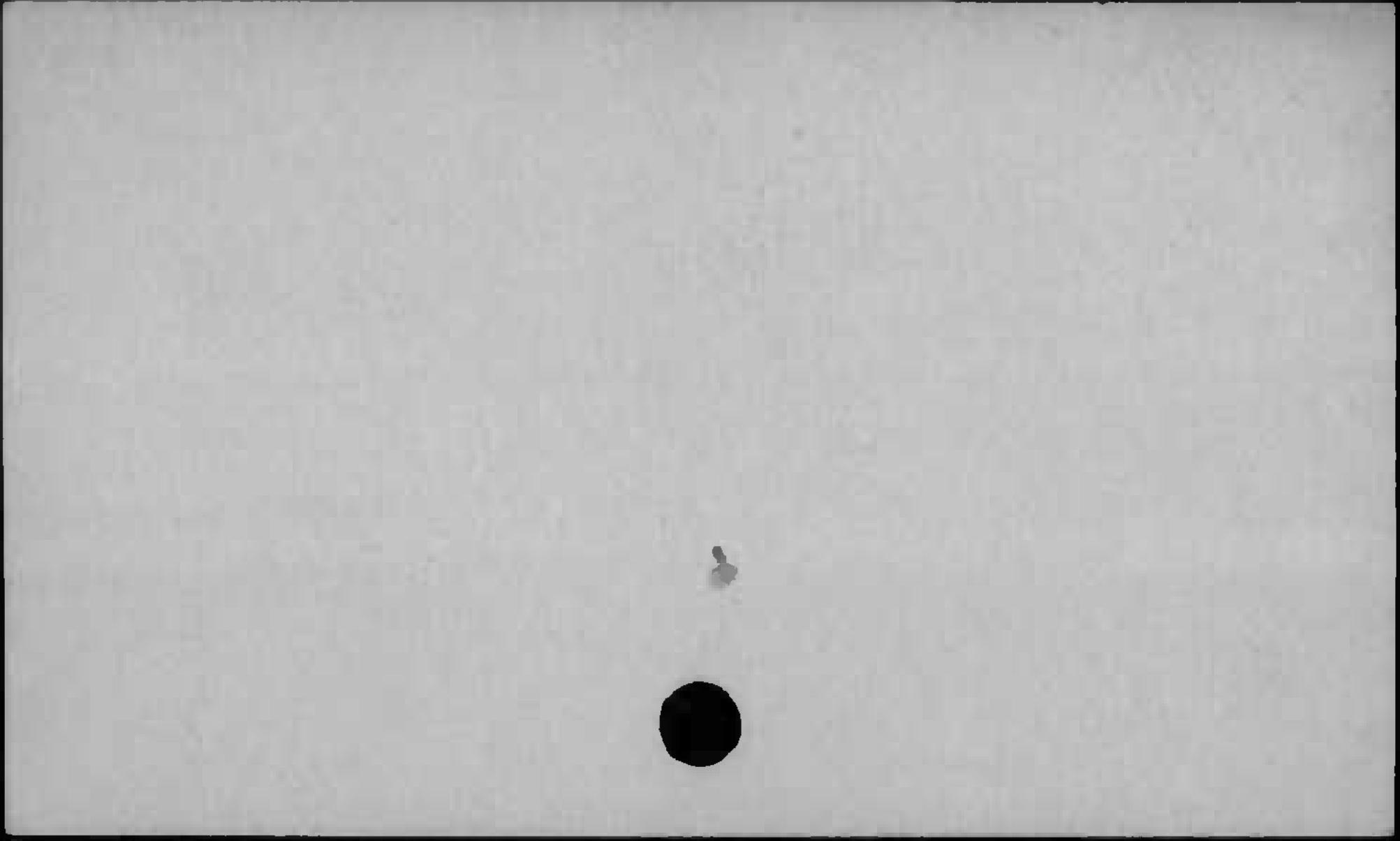
Immediate Exhaustion Accident, Suicide, Homicide

Reported by James Gore M.D.

Address Reisterstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full

Certificate of Death

I. Harold Zimmerman

Died at Town Arlington County Baltimore Co MARYLAND

Date 1899 Month Dec. Day 6 | Age Y. 19 M. D. | Native of Md | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Nelson Zimmerman

Mother's Name Dec

22a

Cause of Death: Primary Phthisis pulmonalis

Immediate Exhaustion

How long sick 9 months

~~Accident, Suicide, Homicide~~

Reported by Charles Y. Hill MD

Address Arlington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Neme In Full

Certificate of Death

Jacob Zier

Died at Town Sparrows Point County Balto. MARYLAND

Date 189 Month Dec. Dey 22d | Age Y. 72 M. D. | Native of Germany | Occupation Labor

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living dont Know

Husband of Wife dont Know

Father's Neme Dont Know. | Mother's Name Dont Know

Cause of Death — Primary: Tuberculosis — How long sick 2 or 3 months

Immediate: Exhaustion 22a — ~~Accident, Suicide, Homicide~~

Reported by G. W. McCormick. M.d

Address Sparrows Pt. Md.

Must be signed by physician, if eny in ettendance, otherwise by coroner, undertaker or minister.

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